

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ana Maria Garcia Collazo, et al. Docket: 102900-102
Serial No.: 10/593,928 Art Unit:
Filed: September 21, 2006 Examiner:
Conf. No.: 5441 Customer No.: 27267
Title: THYROID RECEPTOR AGONISTS

TRANSMITTAL LETTER

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a renewed petition in the above-identified application. The fees
have been calculated as shown below:

CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being:

- ☒ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office via facsimile at (571) 273-8300.

Date: February 26, 2008

Signed: _____


Elizabeth A. Galletta

1. Claim Fees

| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | | |
|--|----------------------------------|-------|------------------------------------|-----------------------------|-----------------------|-----------------------|----------------|
| Fee Description | Claims Remaining After Amendment | Minus | Highest Number Previously paid for | No. of extra claims present | Large Entity Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Each claim over 20 (incl. Reissues) | | -20 | | 0 | \$50 | \$25 | \$0.00 |
| Each Independent claim over 3 (incl. Reissues) | | -3 | | | \$210 | \$105 | |
| Multiple Dependent Claims (if any) | | | | | \$370 | \$185 | \$0.00 |
| TOTAL FEES PAID | | | | | \$0.00 | | |

☒ No additional claim fees are required.

2. Extension of Time

☒ Applicant requests under the provisions of 37 CFR 1.136 (a) to extend the Period for filing a response in the above-identified application. The requested extension and appropriate non-small-entity fee are as follows:

| Requested Extension | Large Entity Fee | Small-Entity Fee |
|---|------------------|------------------|
| <input checked="" type="checkbox"/> One month | \$120.00 | \$60.00 |
| <input type="checkbox"/> Two months | \$460.00 | \$230.00 |
| <input type="checkbox"/> Three months | \$1,050.00 | \$525.00 |
| <input type="checkbox"/> Four months | \$1,640.00 | \$820.00 |
| <input type="checkbox"/> Five months | \$2,230.00 | \$1,115.00 |
| Extension Fee Total | | \$120.00 |

3. Terminal Disclaimer

☐ A Terminal Disclaimer is attached for which the appropriate fee is:

- ☐ Non Small-Entity \$130.00
- ☐ Small Entity \$65.00


4. Payment of Fees

The total of fees due under Sections 1-3, above, is \$120.00.

- ☐ A check in amount of the total of fees due is attached.
- ☒ Please charge \$120.00 to Deposit Account No. 23-1665. One additional copy of this transmittal is enclosed.
- ☒ **Please charge any additional fees or credit overpayment to Deposit Account No. 23-1665.**

Respectfully submitted,
Ana Maria Garcia Collazo, et al.

Date: February 26, 2008



Elizabeth A. Galletta
Reg. No. 52,941

CONTACT INFORMATION:

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